

**2006-2007 SALTWATER CHARTER/RENTAL VESSEL LICENSE**

SOUTH CAROLINA DEPARTMENT OF NATURAL RESOURCES

ATT: LICENSE OFFICE

PO BOX 12559 CHARLESTON, SC 29422-2559

(843)953-9031 OR (843)953-9033

This license is valid 7/1/06- 6/30/07

**For Office Use:****License Number:**

This is a Non-transferable license for a Vessel

SSN or FEIN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DL # \_\_\_\_\_ State \_\_\_\_\_

Name or Business \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ County of Residence \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_

Vessel's Name \_\_\_\_\_ Hull ID # \_\_\_\_\_

State Reg. # \_\_\_\_\_ OR USCG Doc # \_\_\_\_\_ Tonnage \_\_\_\_\_

Length \_\_\_\_\_ Ft \_\_\_\_\_ In Max # Anglers \_\_\_\_\_

Will the fish caught be sold? Yes or No

Will the vessel be at a site with public access? Yes or No

Home Port \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Captain's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ USCG Capt. License # \_\_\_\_\_

Please Indicate Type of Vessel License Needed:

_____	6 or Less Passengers	\$150
_____	7-49 Passengers	\$250
_____	50 or More Passengers	\$350
_____	Rental Boat	\$40

I HEREBY DO DECLARE THE ABOVE TO BE TRUE FACTS. I UNDERSTAND THAT PERSONS WHOSE PRIVILEGES ARE SUSPENDED ARE NOT ELIGIBLE TO APPLY FOR, HOLD, OR USE SCDNR LICENSES, PERMITS, STAMPS OR TAGS.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

REMITTANCE: BY MAIL – CHECK OR MONEY ORDER (NO OUT OF STATE CHECKS ACCEPTED)

The South Carolina Department of Natural Resources prohibits discrimination on the basis of race, gender, national origin, disability, religion or age.  
Direct all inquiries to the Office of Human Resources, PO Box 167, Columbia, SC 29202.